### POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	signed by Hq)
	160000 10102

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

Assessment). File this form in the Regional Hazardous Waste L Agency; Site Tracking System; Hazardous Waste Enforcement T	og File and su	abmit a copy to: I	J.S. Environmental	Protection
I. SITE IDE	NTIFICATION		<del></del>	<del></del>
A. SITE NAME Pool Area Fly Ash Pile	B. STREET (o	r other identifier)		
TUSCOLO	J. STATE	E. ZIP CODE	F. COUNTY NAME	
G. OWNER/OPERATOR (if known)  †. NAME			2. TELEPHONE N	UMBER
H. TYPE OF OWNERSHIP  1. FEDERAL 2. STATE 3. COUNTY 4. MUNIC	CIPAL	PRIVATE6.	UNKNOWN	
Land Spreading (land fi	(1)			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)  Eck hardt report			į.	EIDENTIFIED day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME			2. TELEPHONE N	UMBER
II. PRELIMINARY ASSESSME	NT (complete i	this section last)		
A. APPARENT SERIOUSNESS OF PROBLEM  [] 1. HIGH  [] 2. MEDIUM  [] 3. LOW  [] 4. NONE	5	UNKNOWN		
B. RECOMMENDATION  1. NO ACTION NEEDED (no hazard)  3. SITE INSPECTION NEEDED  a. TENTATIVELY SCHEDULED FOR:	a. TEN	DIATE SITE INSPECT	ULED FOR:	
b. WILL BE PERFORMED BY:	_/ _	INSPECTION NEED		<del></del>
C. PREPARER INFORMATION  1. NAME  PRESS WILLIAM  1. NAME  PRESS WILLIAM  1. NAME  PRESS WILLIAM  PRESS WILLIAM	2. TELE	EPHONE NUMBER	3. DATE	jmo., day, & yr.) 9/80
III. SITE IN	FORMATION	<del></del>		,
A. SITE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	Those sites t	(specify): hat include such inc continuing use of the	cidenta like "midnigh s site for waste dispo	t dumping" where sal has occurred.)
B. IS GENERATOR ON SITE?  1. NO  2. YES (specify generator)	rator's four—digi	it SIC Code):		
C. AREA OF SITE (in acres)  D. IF APPARENT SERIOUSNI  1. LATITUDE (degminsec			OORDINATES JDE (deg.—min.—sec.,	, .
E. ARE THERE BUILDINGS ON THE SITE?  1. NO 2. YES (specify):		EPA Region 5	S Records Ctr.	

T207 3-2 (10-79)

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Cor	Continued From Front													
<u> </u>	IV. CHARACTERIZATION OF SITE ACTIVITY  Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.													
	licate the major site	e ac		$\overline{}$	ails	relating to each ac	ctiv	vity by marking 'X' i	n ti	ne app	юр	riate boxes	3,	
×	A. TRANSPORT	TEF	×	Ţ <u></u>	в. :	STORER	<del>~</del>	C. TREATER	R		Ž			DISPOSER
<del>├─</del>	1. RAIL			1. PILE			-	1. FILTRATION			$\leftarrow$	1. LANDFI		<del> </del>
₩	2. SHIP			<del></del>		E IMPOUNDMENT	-	2. INCINERATION				2. LANDFA		
$\vdash$	3. BARGE			3. DRUMS			$\dashv$	3. VOLUME REDUCT			-	S. OPEN D		
Н	4. TRUCK			4. TANK.	AB	BOVE GROUND	_	4. RECYCLING/RECO	OVE	RY	_	4. SURFAC	E	MPOUNDMENT
Ц	5. PIPELINE			5. TANK,	BE	ELOW GROUND	_	5. CHEM./PHYS. TRE	AT	MENT		5. MIDNIGH	4T 1	DUMPING
لِـا	6. OTHER (specify):		L	6. OTHER	₹ (8	pecify):	-	6. BIOLOGICAL TREA				6. INCINER	RA T	ION
			- 1			l.	_	7. WASTE OIL REPRO	CE	SSING	Щ	7. UNDER	RO	OUND INJECTION
8. SOLVENT RECOVERY 9. OTHER (specify):							8. OTHER (		,,					
E. + a +	e. specify details of site activities as needed Land on site was used to bull fly-ash from USI during the last 1960's, site was covered with atteast (2) two feet of cover material after the site was closed in the early 1970's. Land is now being used for cattle grazing,													
		_			_	V. WASTE RELAT	ED	INFORMATION	_				_	
Α.	WASTE TYPE				,				_	_			_	
			LIQUID	<b>吐</b> 3.	. sc	OLID 4. S	LU	DGE5. G	AS					
l —	WASTE CHARACTER	_		·~ □•		····			· ~ u					
	_	_	CORROSIV			SNITABLE4. R			liGn	ILY VU	LA	TILE		
╙		<u></u> ]7.	REACTIVI	E	. In	NERT9. F	LA	AMMABLE						
_	10. OTHER (specify				_									
	WASTE CATEGORIES		ilable?	Specify its	— —	such as manifests, in		-tories etc. helow.					-	
•	. Are records or made	28 L	Vallapic,	Specify	me	SUCh as mainiteate,	1V C.	ntones, etc. peron.						
							~				_		_	
2	. Estimate the amor	unt	(specify ı	unit of mee	su	re) of waste by cate	go:	ry; mark 'X' to indic	ate	which	wa	stes are p	res	ent.
	a. SLUDGE	Γ_	ъ. ОП		Γ_	c. SOLVENTS	T_	d. CHEMICALS	T_	e. S	SO L	IDS	<u> </u>	f. OTHER
AM	OUNT	AM	OUNT		ΑN	MOUNT	A	MOUNT	A۱	CUNT			AM	OUNT
		匚			L		L							
UN	IIT OF MEASURE	ואט	IT OF ME	ASURE	UN	NIT OF MEASURÉ	U	UNIT OF MEASURE UNIT O		IIT OF	ME	ASURE	UИ	IT OF MEASURE
		L.,			l,	<del></del>	١.,		<del> </del>	<del></del> -			<del> ,</del>	<del>1</del>
'X'	(1) PAINT, PIGMENTS	X'	(1) OILY WASTE	ES	, x,	(1) HALOGENATED SOLVENTS	P	(1) A CIDS	Š	(1) FL	Y A 5	н	Ϋ́	(1) LABORATORY PHARMACEUT.
-		$\longmapsto$	l		<u> </u>		╀	+		-			$\vdash$	
	(2) METALS SLUDGES	-	(2)OTHE	R(specify):		(2) NON-HALOGNTD SOLVENTS	Ł	(2) PICKLING LIQUORS		(2) ASI	BE\$	TOS		(2) HOSPITAL
	(3) POTW					(3) OTHER(specify):	T	(3) CAUSTICS		(3) MIL		IG/		(8) RADIOACTIVE
$\dashv$				J			-		$\vdash$				$\vdash$	
	(4) ALUMINUM SLUDGE							(4) PESTICIDES		(4) FE 5MI	RRC LTG	. WASTES		(4) MUNICIPAL
Ш	(5) OTHER(specify):							(5) DYES/INKS		(5) NO SMI	N-F	ERROUS . WASTES	H	(8) OTHER(specify):
								(6) CYANIDE		(6) OT	HEF	(specify):		
							-	(7) PHENOLS	1					
							-		1					
							L	(8) HALOGENS						
				1				(9) PCB						
				1				(10) METALS						
				1			L	(11) OTHER (apacify)						
	J	i		J			1	ļ					i	

Conti: ued From Page 2	<u> </u>			
	V. W	ASTE RELA	TED INFORMATIO	N (continued)
3. LIS SUBSTANCES OF GREATES	ST CONCERN	WHICH MAY	BE ON THE SITE (#	place in descending order of hazard).
4. ADDITIONAL COMMENTS OR NA	RRATIVE DE	SCRIPTION O	F SITUATION KNO	WN OR REPORTED TO EXIST AT THE SITE.
<del> </del>		V/I LLA	ZARD DESCRIPTI	ON
	В.	C.		
A. TYPE OF HAZARD	POTEN- TIAL HAZARD	ALLEGED	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
	(mark 'X')	(mark 'X')		
1. NO HAZARD	<del> </del>			CHILDREN
2. HUMAN HEALTH				
3. NON-WORKER 3. INJURY/EXPOSURE				
INJUNITYEAFOSORE		ļ		
4. WORKER INJURY				
5. CONTAMINATION				
OF WATER SUPPLY	<u> </u>	ļ <u> </u>		
6. CONTAMINATION 6. OF FOOD CHAIN				
7. CONTAMINATION	×			
OF GROUND WATER	×		ļ <u></u>	
8. CONTAMINATION 8. OF SURFACE WATER				
DAMAGE TO				
9. FLORA/FAUNA				
10. FISH KILL				
. CONTAMINATION				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
19. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE			ĺ	
		<del></del>		
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
	<del></del>	<del> </del>		
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES			1	
21. MIDNIGHT DUMPING				

2 2. OTHER (specify):

Continued From Front				<i></i>
		VII. PERMIT INFO	RMATION	
A. INDICATE ALL APPL	ICABLE PERMITS HELD B			<del>سائ</del> ر
1. NPDES PERMIT	2. SPCC PLAN	3. STATE PERMIT	(apacify):	·
4. AIR PERMITS	5. LOCAL PERMIT	6. RCRA TRANSPO	PRTER	
7. RCRA STORER	8. RCRA TREATER	9. RCRA DISPOSE	₹	
10. OTHER (epecify	):			
B. IN COMPLIANCE?				
1. YES	2. NO	3. UNKNOWN		
4. WITH RESPECT	TC (list regulation name & n	number):		
	7	/III. PAST REGULATO	RY ACTIONS	
A. NONE	B. YES (summarize i	below)		
		-		
	[X.IN	SPECTION ACTIVITY	(nest or on-doind)	
	IA. III	SPECITOR ACTIVITY	(past of on-going)	
A. NONE	B. YES (complete item	ms 1,2,3, & 4 below)		
1. TYPE OF ACTIV	2 DATE 01 PAST ACTIO	ON BY:	4. DE.5	CRIPTION
	X.	REMEDIAL ACTIVITY	(past or on-going)	
A. NONE	B. YES (complete iter	ms 1, 2, 3, & 4 below)		
1. TYPE OF ACTIV	2. DATE O PAST ACTIO (mor, day, da)	ON BY:	4. DES	CR-PTION
			The second secon	ege to a suppression of the first control of the second control of the second of the s
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			1	
NOTE: Based on the	information in Section	ns III through X, fill	out the Preliminary Assess	sment (Section II)

EPA Form T2070-2 (10-79)

information on the first page of this form.

PAGE 4 OF 4

1. She will be seen of the	CHAZARDOUS W RATECY DETERM		Vier		GION 311E		10102
Fire the form in the se nonal Hazardous Waste I Syste : Hazardous Waste Enforcement Task Fo	$\log \mathrm{Fite}$ and redshit ree $(EN-335)$   401 :	σ copy to: 4 St., SW; W.	U.S. Environt ashington, DC	nental Pro 2 20460.	itection Ap	ency; Site	Trucking
A. STEE. NAME	I. SITE IDENT						
POOL AREA FLY ASH	PILE	B. STREET					
TUS COLA		D. STATE	10		E. Z1	P CODE	
Indicate the recommended action(s) and agency(i	II. FINAL DETE			a the anne	opriate hou	.05	
RECOMMENDATION		involved by i			ACTION	AGENCY	
A. NO ACTION NEEDED			MARK'X'	EPA	STATE	LOCAL	PRIVATE
B. RE IEDIAL ACTION NEEDED, BUT NO RESOURCE (If es, complete Section III.)	CES AVAILABLE					,	
C. REMEDIAL ACTION (II yes, complete Section IV.)							
D. ENFORCEMENT ACTION (If yes, ejecify in Part I managed by the EPA or the State and what type of	E whether the case wi enforcement action is	ll be primarily anticipated.)	/	į			
E. RATIONALE FOR FINAL STRATEGY DETERMIN	ATION						
STATE INDICATED	NO HA	ARD					
• • • • • • • • • • • • • • • • • • • •		,		•			
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PR THE DATE PREPARED (mo., day, & yr.)	EPARED, SPECIFY		IFORCEMENT LED (mo., day,		BEEN FIL	ED, SPECI	FY THE
H. PREPARER INFORMATION							
1. NAME P. DIMUCK		2. TELEPHONE NUMBER 3. DATE (mo., day, & yr.). 9-25-50					
III. REMEDIAL ACTIONS	TO BE TAKEN WE	IEN RESOUP	RCES BECOM	E AVAIL	ABLE		
List all remedial actions, such as excavation, re for a list of Key Words for each of the actions to remedy.	moval, etc. to be ta be used in the space	ken as soon ces below. I	as resources Provide an es	become a	ivaifable. the approx	See instri imate cos	ictions t of the
A. REMEDIAL ACTION	B. ESTIMATI	ED COST		c.	REMARKS		
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	\$				·		
Colombia de la colombia del la colombia de la colombia del la colombia de la colombia dela colombia de la colombia de la colom	s						
	s						
D. TOTAL ESTIMATED COST \$							

1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
-	·			\$	
				\$	
				s	
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				s	

### C. MANHOURS AND COST BY ACTION AGENCY

I. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
s. EPA		s
b. STATE		s
C. PRIVATE PARTIES		\$
d. OTHER (specify):		s

EPA Form T2070-5 (10-79) REVERSE

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SEPA	POTENTIA	AL HAZARDO	OUS WASTE	SITE IDENTI	FICATION	REGION 5	TI-COODIO2
activit be ass	itial identification yor confirmation essed under the Endous waste problem.	that an actua PA's Hazard	l health or e ous Waste S	environmental	threat exists	. All ident	finding of illegal ified sites will
A. SITE NAME	area Fly	ash t	ile.	B. STREET (O.	other identities	enty	
C. CITY Tus	cola			D. STATE J Ellineis	6195		NTY NAME
G. OWNER/OPERAT  1. NAME	OR (if known)					2. TEL	EPHONE NUMBER
H. TYPE OF OWNER	2. STATE	3. COUNTY	4. MUI	NICIPAL [	5. PRIVATE	☐ 6. UNKI	IOWN
I. SITE DESCRIPTIO	,						
·		•	W				
·							·
	-		•				
J, HOW IDENTIFIED	(i.e., citizen's compl	aints, OSHA citt	stions, etc.)				K. DATE IDENTIFIED (mo., day, & yr.)
L. SUMMARY OF PO	TENTIAL OR KNOWN	PROBLEM		<del></del>			<u> </u>
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EPA Form 2070-8 (5-80)

	POTENTI	AL HAZARDOU	IS WASTE S	ITE IDENTI	FICATION	HEGI	ON SITE NUMBER	0101
activity be asses a hazard	or confirmation ssed under the	that an actual	health or er is Waste Sil	ivironmental	threat exist	s. All ide	a finding of illegs entified sites will em to determine if	
. SITE NAME RAT	nine Fly	Ad Pili		B. STREET (0	las Cou	ente		
Tw	scola			D. STATE of	E. ZIP COO	E / F. C	OUNTY NAME	
G. OWNER/OPERATO	R (il known)				-	2. 7	ELEPHONE NUMBER	
1. TYPE OF OWNERS	HIP (IL known)  2. STATE	3. COUNTY	4. MUNI	ICIPAL	5. PRIVATE	6. UN	KNOWN	
. SITE DESCRIPTION	,							
·			u					-
						,	£	
. HOW IDENTIFIED (I	.e., citizen's comp	olaints, OSHA citau	ons, etc.)				K. DATE IDENTI	
. SUMMARY OF POTE	NTIAL OR KNOW	N PROBLEM		<del></del>				
	in the on the							
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EPA Form 2070-8 (5-80)

### **SEPA**

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NOMBER (to be as- signed by Hq)
V	160000/0101

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

Agency; Site Tracking System; Hazardous Waste Enforcement	lask Force (Elv-	·335); 401 M ≥t.,	Sw; washington, DC 20460.
I. SITE IDI	ENTIFICATION		<del></del>
A. SITE NAME	B. STREET (or	other identifier)	
Romaine Fly Ash Pile			
C. CITY TUSCOla	D. STATE	E. ZIP CODE	F. COUNTY NAME
G. OWNER/OPERATOR (if known)			
1. NAME			2. TELEPHONE NUMBER
H. TYPE OF OWNERSHIP			
1. FEDERAL 2. STATE 3. COUNTY 4. MUN	ICIPAL	PRIVATE6.	UNKNOWN
I. SITE DESCRIPTION			
land fill			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)			K. DATE IDENTIFIED
Eckhardt report			(mo, day, & yr,)
L. PRINCIPAL STATE CONTACT			
1- NAME			2. TELEPHONE NUMBER
II. PRELIMINARY ASSESSME	ENT (complete t	his section last)	
A. APPARENT SERIOUSNESS OF PROBLEM	Zitti (compilere a		
1. HIGH 2. MEDIUM 2. LOW 4 NONE	Ē5. U	JNKNOWN	
B. RFCOMMENDATION			
1. NO ACTION NEEDED (no hazard)	2. IMMED a. TEN	NATE SITE INSPECTATIVELY SCHED	CTION NEEDED ULED FOR:
3. SITE INSPECTION NEEDED  a. TENTATIVELY SCHEDULED FOR:	b. WILL	BE PERFORMED	BY:
b. WILL BE PERFORMED BY:	, <del></del>		
	4. SITE 1	NSPECTION NEED	ED (low priority)
C. PREPARER INFORMATION			
'. NAME	2. TELE	PHONE NUMBER	3. DATE (mo., day, & yr.)
Fresh Muslay			9/9/80
BIX SITE II	NFORMATION		
A. S'TE STATUS  1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)		hat include such inc	cidents like "midnight dumping" where a site for waste disposal has occurred.)
B. IS GENERATOR ON SITE?			
1. NO 2. YES (specify general)	erator's four—digi	t SIC Code):	
C. AREA OF SITE (in acres)  D. IF APPARENT SERIOUS	NESS OF SITE IS		
< 38	9C•).	2. LONGITU	JDE (deg.→minsec.)
E. ARE THERE BUILDINGS ON THE SITE?		· · · · · · · · · · · · · · · · · · ·	
1. NO 2. YES (specify):		- <u>,                                    </u>	

	minueu i fom i fom								$\overline{}$	·				
					_		_	OF SITE ACTIVITY	_					
	licate the major sit	e a	ctivity(i	es) and det	ails	s relating to each ac	tiv	vity by marking 'X' i	n t	he appr	opria.	te boxes		· · · · · · · · · · · · · · · · · · ·
, X ,	A. TRANSPOR	TE	R	X.	в.	STORER	×	C. TREATER	₹		×'	D	. D	ISPOSER
	1. RAIL			1. PILE				1. FILTRATION		- 5	Źŀ.	LANDFIL	.L	
	2. SHIP			2. SURF	CE	IMPOUNDMENT	7	2. INCINERATION			2.	LANDFA	RM	
	3. BARGE			3. DRUM	5		1	. VOLUME REDUCTI	ON		3.	OPEN DU	JMF	<del></del>
	4. TRUCK			4. TANK	. A E	OVE GROUND	1	4. RECYCLING/RECO	VE	RY	4.	SURFACI	E 11	MPOUNDMENT
_	5. PIPELINE			5. TANK	BE	LOW GROUND	7	5. CHEM./PHYS. TRE	ΑT	MENT	+	MIDNIGH		<del> </del>
	6. OTHER (specify):			6. OTHE			-	6. BIOLOGICAL TREA			-	INCINER		<del></del>
$\vdash$			ľ			<b>,</b>	-+	7. WASTE OIL REPRO	_				_	UND INJECTION
			- 1			-	-+	B. SOLVENT RECOVE			+	OTHER (		
			ľ			-	-	9. OTHER (specify):	N.I	-+	₽`	OTHER (	•pe	icity).
			1			F	٦,	or or the K (opocialy).						
			ì											
F	SPECIEV DETAILS	O.F.	SITE AC	TIVITIES AS	: N	FEDER C to			7		_	<del></del>		
<u> </u>	n mid 196	50	5. Ow	ner st	a 1	es that enl	w	flyash was de	T (	o U	. ۲۰	Indus	ا يا	Chem. Co
	was stackp	1	red +	or co.	- e	· Area no	) }	( in a new w	r.	4. 4.	or q	and i	/ h	na T SUP /
	inspection		did	+ .	0			problems.	, ,	470	' u	126	7	ite
	, ,,	•		noi	C	veal on		proprems.						
	<del></del>								_					
	- ··					V. WASTE RELATI	ΕD	INFORMATION						
Α.	WASTE TYPE													
	1. UNKNOWN	2.	LIQUID	<b>Z</b> /3	. s	OLID	LU	DGE5. G	AŞ					
В.	WASTE CHARACTER	RIS.	TICS				_					<del></del>		
[	1. UNKNOWN	72.	CORROS	IVE 3	. 10	SNITABLE 74. R	ΑD	IOACTIVE 75. H	IGH	ILY VOI	LATIL	LE		
١Ē	6 TOXIC	_ 77.	REACTI	VE	. 11	IERT 9. F	LA	MMABLE						
_		_		·- L										
lr	10. OTHER (specif	v):												
┝▔	WASTE CATEGORIE						-	<del></del>	-					
			available:	Specify ite	ms	such as manifests, in	vei	ntories, etc. below.						
	Fetimate the amo	unt	(specify	unit of me	961	relativeste by coto	~~	ry; mark 'X' to indic	o t o	mhich				ont .
		T			154		EO.						e 5	
A M	a. SLUDGE	A N	ъ. C	) L	_	c. SOLVENTS	١.	d. CHEMICALS	<b>-</b>	ACUNT	OLID	-	A 14	f. OTHER
					"				<u> </u>	-10.		ŀ	~ !···	
UN	IIT OF MEASURE	UN	IT OF MI	EASURE	UN	NIT OF MEASURE	UNIT OF MEASURE		<u>.</u>	NITOF	MEAS	URE	UN	IT OF MEASURE
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		-	<del></del>				L		L				_	F
'X'	(1) PAINT, PIGMENTS	'X'	(1) OIL Y		'X'	(1) HALOGENATED	Ľ×	(1) A CIDS	Ľ	(1) FLY	ASH		'X'	(1) LABORATORY PHARMACEUT.
_		<u> </u>				30212.111	L		X					
	(2) METALS	_	(2) O T H I	ER(specify):		(2) NON-HALOGNED	Į	(2) PICKLING	l	(2) ASB	ESTO	) s	i	(2) HOSPITAL
	SLUDGES					SOLVENTS	L	LIQUORS	L	<u></u>				
	(3) POTW					(3) OTHER(specify):		(3) CAUSTICS		(3) MIL			i	(3) RADIOACTIVE
	(5) F O 1 W	Į					L	(3) CAOSTICS	L	MIN	E TAI	ILINGS		(S) RADIOACTIVE
	(4) A LUMINUM	ĺ			ŀ		l			FER	ROUS	. I	1	
	SLUDGE						l	(4) PESTICIDES		(4) SML	TG. W	S VASTES		(4) MUNICIPAL
	(5) OTHER(specify):	l					Γ			. NO	J. E E D	POLIS		(5) OTHER(apecity):
	(b) o mentapocity).							(5) DYES/INKS		(B) SML	TG. V	RROUS WASTES		NOTO THE RESPONSE.
				i			Г		Г	(6) OTH	ER(6	pecify):		
							1	(6) CYANIDE		-				
							Γ							
							1	(7) PHENOLS	ĺ			1		
							H					l		
								(8) HALOGENS	ĺ			1		
							一		Ī			1		
		ĺ						(9) PCB				l		
							⊢	<del> </del>				i		
							1	(10) METALS						
							L	ļ	ŀ					
		İ					L	(11) OTHER(epecify)				Į		
							Γ					i		

POTENTIA	L HAZARDOUS WA	STE SITE		~~~	CHON 311	_ NOMEER			
							10101		
	File this form in the regional Hazardous Wante Log File and submit a copy for U.S. Environmental Protection Agency; Site Tracking Systen; Hazardous Wuste Enforcement Task Force (E.N-335), 401 M St., SW, Washington, DC 20460.								
	I. SITE IDENT								
ROMAINE FLY ASH	PILE	B. STREET							
TUSCOLA	,	D. STATE	(		ε. Ζ	IP CODE			
	II. FINAL DETE								
Indicate the recommended action(s) and agency(s	es) that should be i	nvolved by n	larking X, i	n the app		AGENCY			
. RECOMMENDATION	۱ 	<u></u>	MARK'X'	EPA	STATE	LOCAL	PRIVATE		
A. NO ACTION NEEDED				2					
B. RE IEDIAL ACTION NEEDED, BUT NO RESOURCE (II es, complete Section III.)	CES AVAILABLE								
C. REMEDIAL ACTION (II yes, complete Section IV.)						ļ			
D. ENFORCEMENT ACTION (II yes, specify in Part I managed by the EPA or the State and what type of		ll be primarily anticipated.)		·					
E. FATIONALE FOR FINAL STRATEGY DETERMIN.		0							
STATE INDICATED M									
				•					
•				-					
F. IF A CASE DEVELOPMENT PLAN HAS BEEN PR THE DATE PREPARED (mos, day, & yrs)	EPARED, SPECIFY		FORCEMENT .ED (mo., day,		S BEEN FIL	.ED, SPECI	FY THE		
		•							
H. PREPARER INFORMATION	. 1	2. TELEBUG	PHONE NUMBER   3. DATE(mo., day, & yr.						
P. DIMOCK			5-6710 9-25-00						
III. REMEDIAL ACTIONS	TO BE TAKEN WH	EN RESOUR	CES BECOM	E AVAIL	ABLE				
List all remedial actions, such as excavation, refor a list of Key Words for each of the actions to remedy.									
A. REMEDIAL ACTION	B. ESTIMATE	DCOST		c.	REMARKS				
	\$			<del></del>		·			
	s		·		· · · · · · · · · · · · · · · · · · ·				
	\$		ſ						
	\$								
	\$			·	·				
	\$				·				
	s								
	\$								
2. TOTAL ESTIMATED COST \$					-				

Continue On Reverse

132	DEA	EDIA	1 1/2	PHONS

ĺ	A. SHORT TERM'EMERGENCY ACTIONS (On Site and Off-Site): List all emergency to one taken or planned to bring the site und	,
i	immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of	;
ţ	the actions to be used in the spaces below.	

· I. ACTION	2. ACTION START DATE (mo,dny,&yr)	DATE	4, ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
		,		\$	
				\$	
	:			\$	
				s	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,dey,&yr)	4. ACTION AGENCY (EPA, State Private Patty)	s. cost	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
· -				\$	·
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				s	

#### C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
S. EPA		\$
b. STATĘ		s
c. PRIVATE PARTIES		s
d. OTHER (specify):	·	\$

EPA Form T2070-5 (10-79) REVERSE


ST SUBSTANCES OF G	REATEST CONCERN WHICH MAY BE ON THE	E SITIE (place in deacending order of hazard).
	j	

		VI. HAZ	ARD DESCRIPTI	ON
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH		l		
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
19. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				·
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES			1	
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

			VII. PERMIT INF	FORMATION				
A. INDICATE ALL APPLI	CABLE PER	MITS HELD BY		•				
1. NPDES PERMIT	2. SPC	CPLAN	3. STATE PERMIT	IIT (specify):				
4. AIR PERMITS	5. LOC	AL PERMIT	6. RCRA TRANSP	PORTER				
7. RCRA STORER	8. RCF	RA TREATER	9. RCRA DISPOSE	SER				
10. OTHER (specify)	:							
B. IN COMPLIANCE?		<del></del>						
1. YES	2. NO		3. UNKNOWN					
4. WITH RESPECT T	O (list regul	ation name & n	umber):					
1		V	III. PAST REGULAT	TORY ACTIONS				
A. NONE	B. YE	S (summarize Ł	oelow)					
		IX. IN:	SPECTION ACTIVITY	「Y (past or on-going)				
A. NONE	A. NONE B. YES (complete items 1,2,3, & 4 below)							
1. TYPE OF ACTIV	TTY	2 DATE OF PAST ACTIO (mo., day, & y	ON BY:	4. DESCRIPTION				
		Х.	REMEDIAL ACTIVIT	TY (past or on-going)				
A. NONE	B. YES	Geomplete iten	ne 1, 2, 3, & 4 below)					
1. TYPE OF ACTIV	715 Y	2. DATE OF PAST ACTIO (mo., cay, is y	N BY:	4. DESCRIPTION				
MOTE: Based on the information o				ill out the Preliminary Assessment (Section II)				

# U.S ENVIRORDENTAL PROTECTION AGENCY REGION V INZARDOUS MERIAL ENFORCEMENT AND RESPONSE PROGRAM

SITE HAME, NATIONAL DISTILLERS AND CHEMICALS
SITE ADDRESS PORBOR 218, TUSCOLA, III.
HOW/DATE IDENTIFIED Eckbardt report
SITE DESCRIPTION chemical distillation SITE MNOWN AS
· NATIONAL INDUSTRIAL CHEMICALS
WASTE RELATED INFORMATION Chamicals.
HAZARD IDENTIFICATION
DATE COMMENT
7-9-80 This site is a reappears to be a
uses lagoonshand deep-well injection to dispose of hor
to dispose to
to dispose of non-useable water, State
They they be the
This site confloding